

**LOBBYING SUPPLEMENTAL REGISTRATION FORM**

To be used for changes to registrations and terminations.

**Instructions**

- Print in ink or type.
- Complete form, have it notarized and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (504) 922-1400.
- This form must be submitted within 5 days of any changes in your registration form to add employers or those you represent or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

**FOR OFFICE USE ONLY**

Postmark Date:

4-19-99

LSURP

# 3258

\$ 10.00

KSD

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ETHICS BOARD REGISTRATION  
CAMPAIGN FINANCE**1990937**

1. NAME McCleary Michael L.  
Last First MI
2. BUSINESS PHONE (225) 767-0908
3. BUSINESS ADDRESS 10716 Fern Vale Ave Baton Rouge LA 70810  
Street and No. City State Zip
4. EMPLOYER McCleary and Associates Inc
5. EMPLOYER'S ADDRESS 10716 Fern Vale Ave Baton Rouge LA 70810  
Street and No. City State Zip
6. Have you ceased or terminated all lobbying activities requiring registration? Yes      No X

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Waste Management of Louisiana  
Address PO Box 1180 Walker LA 70785  
Business or purpose Environmental Services



New Representation

Does this person pay you? YesIf No, who pays you?                     Terminated Representation as of                     **HAND DELIVERED**

SUPPLEMENTAL REGISTRATION FORM

Lobbyist Registration Number

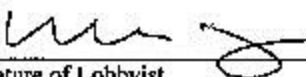
2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
☐ New Representation  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_  
☐ Terminated Representation as of \_\_\_\_\_

3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
☐ New Representation  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_  
☐ Terminated Representation as of \_\_\_\_\_

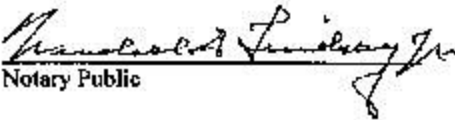
State of \_\_\_\_\_

Parish of \_\_\_\_\_

Before me, the undersigned authority, personally came and appeared \_\_\_\_\_, who,  
after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

  
Signature of Lobbyist

Sworn to and subscribed before me on this 14th day of April, 1998.

  
Notary Public